

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

W E E K L Y B U L L E T I N

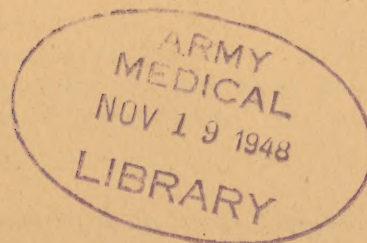
For Period

18 - 24 October

1948

Number 95

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SECTION I

GENERAL

Attached hereto as Inclosure #1 are Ministerial Instructions to Prefectural Governments for period 30 September - 2 October 1948.

SECTION II

PREVENTIVE MEDICINE DIVISION

Personnel Changes

Dr. Melville D. Dickinson, who recently arrived in Japan, has assumed the duties of Tuberculosis Control Consultant of Public Health and Welfare Section, GHQ, SCAP. Dr. Dickinson will replace Dr. A. P. Knight who recently returned to the United States.

Press Releases Concerning Reorganization of the Health Center System

Reference Section II, Weekly Bulletin 92. Inclosed with this Bulletin are Nos. 3 and 4 (Inclosures 2 and 3) in a series of Press Releases on the Reorganization of the Health Center System in Japan. Subject inclosures concern the Nutrition Service and the Tuberculosis Control Service of the Health Center.

This material was released to the Press at press conferences in Tokyo on 7 and 25 October. The material has been prepared in semi-journalistic style and may be utilized for Press Releases to the local press.

Typhus Fever Control

The Ministry of Welfare reports that the typhus fever control program this year will be carried out in essentially the same manner as in past years. The program will stress early reporting of all suspect cases; serological examination of blood samples of all suspect cases; immunization and dusting of inmates of orphanages, old peoples' homes, vagrant camps, vagrant homes, labor camps, mental hospitals and other public institutions. Commuters in large centers of population will also be immunized.

The program also provides for the continuation of the rickettsiacidal spray program at 30 day intervals using 2% cresolis content in 5% DDT residual effect spray; continuation of dusting of all civilians (other than Allied personnel) using the Hakodate-Aomori Ferry; dusting and spraying techniques against fleas previous to rat control programs in the control of murine typhus. The need for early and sustained information-education programs is emphasized.

The Ministry of Welfare plans to investigate the possibility of manufacture and use of wettable DDT dust for use in future spray programs.

Bacterial Rat Poison

While investigating outbreaks of dysentery last spring, it was learned that bacterial cultures of salmonella organisms were being used as the active ingredient of a "so-called" rat poison. It was also learned that subject rat poison was being prepared and distributed throughout Japan under the sponsorship of the Ministry of Agriculture and Forestry. At that time investigations showed that: -

1. Material being distributed was ineffective as a rat poison.
2. Some of the organisms contained in the preparation were pathogenic for man.
3. Adequate quantities of effective chemical rodenticides were available.
4. The use of bacterial rat poison was both dangerous and unwarranted.

Action was taken at that time to prohibit the manufacture and distribution of the "so-called" rat poison made from bacterial cultures. Recently, however, it has come to the attention of this headquarters that bacterial rat poison is again being distributed in some prefectures. The Ministry of Agriculture and Forestry has again been advised that the use of this material is both dangerous and ineffective and that they should prohibit its use.

Military Government Health Officers should determine whether or not subject preparation is being used in their respective prefectures and if so, should take the necessary action to see that production, distribution and/or use of this preparation is promptly discontinued. Provisions should also be made to prohibit its use in the future.

Venereal Disease Prevention Law

The new Venereal Disease Prevention Law represents a great forward step in public health administration and involves much more than is evident at first reading. The intention of the Law is to place venereal disease control on a sound public health basis and to provide adequate safeguards against infringement upon personal liberties and human rights. It will be necessary to go into considerable detail in explaining to Japanese health officials, certain principles of public health practice which must be followed in the application of this Law. Such principles in fact apply to the enforcement of all public health laws.

Public health activities have been removed from police control by appropriate changes in Japanese law. The responsibility for the implementation of health laws and their enforcement is now in the hands of public health officials. When properly supported by an enlightened public, experienced public health officials will seldom have to call upon law enforcement agencies for assistance in the enforcement of health measures. Even when it becomes necessary to request assistance of other branches of government in the enforcement of a health law, it is important to follow the correct legal procedure. This does not include the use of police except as a last resort when there is sufficient danger to the public health to warrant such an extreme action.

The starting point for a sound venereal disease control program is the patient. The physician who makes the diagnosis sends a report to the local health authorities, and instructs the patient as to treatment and correct measures to be taken for the protection of others. If the patient is unable to pay for necessary treatment, he may obtain a certificate to that effect from the local Health Center, preferably after his inability to pay has been determined by investigation of the case. If the patient should refuse treatment or discontinue treatment, this fact should be reported by the physician to the Health Center. Reasonable effort should be made by both physicians and Health Officers to obtain voluntary compliance with the requirements of the Law.

Health officials may, if necessary, obtain an order from the governor of the prefecture for the patient to report for treatment, or an order for the patient to take treatment, or an order for the patient to enter a hospital for the period of infectiousness. However, this procedure should be resorted to only when the cooperation of the patient cannot be secured otherwise, and when it is determined that treatment is necessary for the protection of the public health. If the patient disobeys any of the above orders he becomes liable to a fine of not over ¥3000, and, if he should "reject, hinder, or avoid" the investigation by competent health officials he becomes liable to a fine of not over ¥ 5000.

It must be noted here that there is no provision in the Law for physical restraint of diagnosed venereal disease patients. No police action is indicated unless all other means at the disposal of Public Health Officers have failed and a definite charge can be made of violation of the Law. Refusal to take treatment or an attempt to evade treatment carries only the legal restraint of prosecution in the courts and the imposition of a fine.

After the patient is diagnosed and under treatment, the next step is an investigation of contacts, or persons in close association with the patient. The identity of the contact must be established, as well as the likelihood that he or she may have venereal disease. Efforts should be directed toward obtaining voluntary medical examination of contacts and an order for compulsory examination should be issued only when the Health Officer is possessed of definite facts that give him reasonable grounds to suspect the existence of the disease, and then only when in his judgment such an examination is actually necessary for protection of the public health, and the contact cannot be persuaded to submit voluntarily.

Any person ordered to take a medical examination to determine the presence of venereal disease must be notified that he or she has a right of appeal prior to the examination if he or she should claim there is not reasonable evidence to suspect that he or she has venereal disease. In case of appeal, no examination may be performed while awaiting court decision.

The compulsory examinations for which provision is made in Articles 10, 11 and 12 of the Law are compulsory only to the extent that the individual becomes subject to a ¥ 3000 fine if he fails to obey a properly executed order for such an examination. There is no provision for physical restraint to be used in the performance of these examinations. Not until an individual has broken the Law may he be arrested by the police.

In the application of Articles 26, 27 and 28 of the Law it must be remembered that this is a health law and not an anti-prostitution law. Unless there were recognizable symptoms, a person could hardly be expected to know that he or she was infected unless a physician had made a diagnosis and had so informed him or her. Article 26 provides a maximum penalty of two years imprisonment or ¥ 10,000 fine for anyone performing prostitution while knowing she has venereal disease in an infectious form. Article 27 provides a maximum of three years imprisonment or ¥ 20,000 fine for soliciting, pimping or providing a place for prostitution either knowing of venereal disease likely to infect others, or being negligently unaware of the presence of venereal disease when reason would have indicated this. Article 28 provides a maximum of one year's imprisonment or ¥ 5000 fine if one knows he (or she) has venereal disease in an infectious stage and has intercourse, nurses a baby or has intimate physical contact likely to infect a second person, whether or not the second person becomes infected. The imposition of penalties for such violations of the Law are, of course, a matter for determination by the Japanese courts.

Public Health Officers must keep in mind basic principles of public health when applying health laws to particular situations. One of these principles is that the presence of disease is not a criminal offense. One of the primary purposes of public health law is to establish suitable control measures which will insure that the presence of disease will not endanger the public health. The enforcement of these control measures is a responsibility of health officials and it is the duty of every individual citizen to comply with the measures which are required for the protection of the public health.

SECTION III

MEDICAL SERVICES DIVISION (NUTRITION BRANCH)

Results of the August 1948 Nutrition Survey are enclosed with this Bulletin (Inclosure No. 4). They are given for Tokyo, Eleven Cities and Forty-Six Prefectures in Consumption Studies and Physical Examinations conducted during the Survey. The nutritive value of the Survey will be submitted with an analysis in next week's issue of this Bulletin.

SECTION IV

VETERINARY AFFAIRS DIVISION

Equine Encephalomyelitis

Sporadic outbreaks of new cases of equine encephalomyelitis still are appearing in Hokkaido. During the period 16-22 October, a total of 37 new cases were reported although each one was classified as a suspect. This brings the total number of cases since the initial outbreak to 3,647 of which 1,292 are classified as suspects. The fatality rate has decreased due to the mildness of the cases now being reported.

Food Inspection

A recent visit to Nara Prefecture disclosed conditions very favorable from the standpoint of sanitary methods employed by the processors and handlers of food and food-products. Of particular note is the adoption of standards by the prefecture in controlling sanitary measures. Compliance with these standards has been carried out with very good results and the liaison between the Nara Military Government Team and the Prefectural Officials is maintained on a cooperative and constructive basis.

Veterinary Education Council

A conference was held at the monthly meeting of the Veterinary Educational Council in which proposed changes were submitted to those in attendance for consideration in the initial step toward creating a veterinary education curriculum comparable to those now being utilized in veterinary schools of other countries.

Animal Diseases

The following diseases were reported by the Animal Hygiene Section, Ministry of Agriculture and Forestry for the period 16-22 October.

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Hokkaido	Equine encephalomyelitis	37
Iwate	Swine erysipelas	5
Miyagi	Swine cholera	1

Note: The cases of equine encephalomyelitis as reported were all classified as suspects.

SECTION V

NURSING AFFAIRS DIVISION

Public Health Nursing Education

Regional Public Health Nurse refresher courses of 10 days duration will be held in all eight regions. The funds for the program have been given to the Nursing Affairs Division of the Ministry and each prefecture will receive its allotment. The committee has planned the curriculum and arrangements have been made with all regions. Three of the courses have been held to date in the Hokkaido, Shikoku and Chugoku Regions.

The next four-month's Public Health Nurse course will open 4 December at the Institute of Public Health. This will be the sixth course since the beginning of the program.

Midwifery Education

The National Midwifery program was explained to Midwives at the Institute held in Niigata from 10 - 14 October at which there were 600 midwives present. Many who attended the Regional meeting in June accepted teaching responsibility in this course.

SECTION VI

SUPPLY DIVISION

Production

A total of 5,070 pieces of the various types of DDT dusting and spraying equipment for insect control programs was produced during the period 10-16 October. Adequate inventory stocks are on hand to meet all requirements.

During the period 10-16 October 42,603 lbs. of 10% DDT dust, 11,173 gallons of 5% DDT Residual Effect Spray and 1,150 vials of typhus vaccine were distributed. At the same time 42,806 gallons of 5% DDT spray were received, leaving inventory stocks on hand at regional warehouses of the Ministry of Welfare of 1,485,315 lbs. of 10% DDT dust, 405,757 gallons of 5% DDT spray, and 53,586 vials of typhus vaccine.

Distribution

During the quarter Jul - Sep, 64 dark field microscopes were distributed to 14 prefectures as follows:

<u>Prefecture</u>	<u>Quantity</u>
Iwate	1
Kanagawa	3
Saitama	1
Osaka	16
Niigata	12
Ibaraki	3
Shiga	5
Kochi	2
Fukushima	6
Ishikawa	5
Aichi	5
Tokushima	1
Kagawa	1
Gifu	3
Total	<u>64</u>

In addition to previously scheduled allocations of absorbent cotton and gauze the following released U.S. Army stocks of cotton sanitary materials were allocated for distribution during October, November and December.

<u>Prefecture</u>	<u>Gauze Bandage</u> <u>3" by 10 yds.</u> <u>(12's)</u>	<u>Absorbent Cotton</u> <u>1 oz.</u>	<u>Gauze Bandage</u> <u>3" by 6 yds.</u> <u>(72's)</u>	<u>Gauze Bandage</u> <u>4" by 10 yds.</u> <u>(12's)</u>
Miyagi	600			
Akita	600			
Yamagata	600			
Fukushima	600			
Ibaraki	600			
Tochigi	600			
Gumma	600			
Saitama	600			
Chiba	600			
Tokyo		5,500		
Kanagawa	626			
Niigata	2,250	4,989	1,165	
Toyama			200	
Ishikawa			200	
Fukui			200	
Yamanashi			200	
Nagano			200	
Gifu			200	
Shizuoka			200	
Aichi		1,500	200	
Mie			200	
Shiga			200	
Kyoto			200	
Osaka		3,000	200	
Hyogo	2,575	6,000	1,349	
Nara			200	
Wakayama			200	
Tottori	631	1,750	300	
Shimane			200	
Okayama		500	200	
Hiroshima		500	200	
Yamaguchi			218	
Ehime				1,000
Kagawa				1,000
Kochi				1,000
Fukuoka				1,000
Saga				1,000
Nagasaki				1,000
Kumamoto				1,000
Oita				853
Total	<u>11,482</u>	<u>23,739</u>	<u>6,432</u>	<u>7,853</u>

A total of 4,763 pieces of dusting and spraying equipment was distributed to 20 prefectures during the period 10 - 16 October.

Prefecture	DDT Duster	Knapsack Sprayer	Semiautomatic Sprayer	Hand Sprayer	Engine Sprayer
Hokkaido				50	
Aomori	500				
Yamagata	200				
Fukushima	200				
Ibaraki	360			100	
Tokyo		4	1		
Tochigi	168				
Yamanashi	100				
Shiga		40			
Kyoto			10		
Osaka	200				
Okayama	500				
Hiroshima			10		
Tokushima	500				
Kagawa	500		20	500	
Ehime	100				
Fukuoka		50	50		
Saga			200		
Miyazaki			200		
Kagoshima	200				
Total	3,528	94	491	650	-

SECTION VII

NARCOTIC CONTROL DIVISION

Disposal of Certain Narcotics

The Narcotic Section, Ministry of Welfare, on 15 October issued Pharmaceutical and Supply Bureau Instruction Yaku-Hatsu No. 512, to all prefectural governors. The letter sets forth the manner in which certain excess narcotics and narcotics of deceased or former narcotic dealers shall be disposed of. The Yaku-Hatsu which is attached lists the narcotic preparations concerned (See Inclosure No.5)

Yaku-Hatsu No. 511, issued by the Narcotic Section, Ministry of Welfare, on the same date, states that the list of narcotic preparations listed in the letter which have been confiscated and no longer needed as evidence shall be destroyed in the presence of two narcotic agents and a report thereof forwarded to the Minister of Welfare. Narcotics which are included in the list and which have been surrendered to narcotic agents for disposition shall be destroyed in like manner. A copy of this Yaku-Hatsu is also inclosed. (Incl. #6

It is emphasized that only those preparations listed in the Yaku-Hatsu may be thus destroyed. These narcotics are not considered salvageable. No narcotics or narcotic preparations other than those listed will be destroyed.

The instructions will enable all narcotic dealers to clear their stocks of many preparations, which were manufactured prior to the enactment of the Narcotic Control Law. Most of the preparations contain a small percentage of Keshigara (poppy-shell) extract, have practically no medicinal value, and have simply been held as dead stock since 19 June 1946. The instructions when completely complied with will simplify monthly reports.

In the future exempt narcotic preparations will receive close scrutiny and clinical study by the Narcotic Section, and National Board of Pharmacy before authorization is granted for their manufacture.

SECTION VII I

WELFARE DIVISION

Community Chest-Japanese Red Cross Joint Fund Campaign

A change has been made in the goal for Saga Prefecture as reported in the Public Health and Welfare Weekly Bulletin No. 93 (for period 4-10 October). The goal for Saga has been changed from ¥ 15,000,000 to ¥ 12,500,000 (¥10,000,000 Community Chest and ¥ 2,500,000 Japanese Red Cross).

Japanese Red Cross Society

The 10th Home Nursing Instructor's Course is being held at Japanese Red Cross Headquarters. The course started on 15 October and will finish on 28 October. The hours of instruction are from 8:30 AM until 4 PM.

The students taking the course are two from Osaka Chapter and one each from Gumma, Tochigi, Nara, Mie, Nagano, Tokushima, Oita and Miyazaki Chapters - total of 10 students.

According to reports received to date, 3,300 lay people have taken Home Nursing Courses sponsored by 36 Red Cross Chapters.

Those Chapters which have not conducted Home Nursing Courses are Chiba, Okayama, Kochi, Yamanashi, Niigata, Tochigi, Hiroshima, Tokushima, Shimane, and Kagawa. However, plans are underway to start the courses shortly.

Child Welfare

Inclosed in this Weekly Bulletin is an official interpretation of Ji-Hatsu #50 issued 1 October 1948, subject: "Functioning of Family Care", (Inclosure No. 7). This important regulation deals with foster family care and adoptions and sets up procedures for applications, approval and disapproval and defines responsibility.

Public Assistance Report - August

The Ministry of Welfare has submitted the following figures for the month of August. Figures for July 1948 and August 1947 are for purposes of comparison.

	<u>August 1948</u>	<u>July 1948</u>	<u>August 1947</u>
Persons-Institutional	144,613	142,198	146,885
Persons-Non-institutional	1,758,926	1,813,371	2,542,006
Total	1,903,539	1,955,569	2,688,891
In Cash*	420,431,334	399,900,645	293,209,803
In Kind	58,633,714	109,881,659	22,127,937
Total	¥ 479,065,048	509,782,304	315,337,740

*Before deductions for repayment.

Public Assistance Report by Prefecture

<u>Prefecture</u>	<u>Institutional</u>	<u>Non-Institutional</u>	<u>In Kind</u>	<u>Cash*</u>
Hokkaido	14,012	61,886	2,778,391	18,063,137
Aomori	1,761	30,004	147,842	6,878,122
Iwate	811	39,341	51,004	8,470,508
Miyagi	1,398	42,424	80	8,235,850
Akita	950	43,351	-	10,670,058
Yamagata	803	25,311	50,826	5,873,829
Fukushima	870	51,644	25,571	10,506,386
Ibaraki	1,236	36,814	71,913	5,812,367
Tochigi	906	23,318	3,862	4,876,279
Gumma	4,235	37,975	54,273	8,808,308
Saitama	1,373	41,997	357,622	10,300,841
Chiba	2,768	35,117	1,966,475	6,910,409
Tokyo	18,697	116,003	1,963,390	39,534,890

<u>Prefecture</u>	<u>Institutional</u>	<u>Non-Institutional</u>	<u>In Kind</u>	<u>Cash*</u>
Kanagawa	4,832	41,784	-	12,434,970
Niigata	9,972	57,451	187,157	11,603,540
Toyama	1,339	28,455	687,186	6,512,588
Ishikawa	1,234	27,753	62,499	6,550,780
Fukui	495	20,645	20,096,911	5,223,425
Yamanashi	532	20,888	72,000	4,198,928
Nagano	3,188	45,781	156,596	11,235,937
Gifu	2,082	31,503	157,015	6,531,789
Shizuoka	5,253	45,830	2,079,414	10,755,273
Aichi	7,722	66,284	234,000	14,192,433
Mie	1,096	35,538	-	7,485,744
Shiga	560	25,188	-	4,230,986
Kyoto	3,507	46,689	3,928,599	11,459,359
Osaka	9,321	60,257	57,694	20,722,994
Hyogo	7,250	75,871	-	19,589,353
Nara	715	20,542	-	4,404,129
Wakayama	377	29,661	227,303	6,100,040
Tottori	944	17,349	857,516	4,059,104
Shimane	640	25,932	-	6,408,212
Okayama	3,250	39,688	36,324	9,694,518
Hiroshima	2,982	44,153	32,897	11,765,117
Yamaguchi	9,403	31,835	32,484	9,996,628
Tokushima	1,998	26,984	-	5,881,647
Kagawa	2,309	22,326	1,341,975	4,195,003
Ehime	808	33,027	146,020	8,236,405
Kochi	611	20,759	8,940	4,753,350
Fukuoka	2,033	18,696	1,570,295	5,105,412
Saga	2,638	35,332	1,170,610	5,109,408
Nagasaki	1,259	36,124	24,199	8,941,375
Kumamoto	1,658	36,798	196,349	8,574,881
Oita	1,839	22,400	15,973,053	4,769,876
Miyazaki	1,302	30,171	1,825,429	5,475,685
Kagoshima	1,564	52,047	-	9,132,738
Total	144,613	1,758,926	58,633,714	420,272,611

*After deductions for repayment.

SECTION IX

SOCIAL SECURITY DIVISION

Social Insurance Statistics

A summary of Japanese social insurance statistics for the fiscal years 1944/45 - 1946/47 covering the last phase of the war and the first part of the second year of the Occupation was released for the first time in July as an appendix to the Report of the United States Social Security Mission to Japan. Selected coverage and financial data for the fiscal year 1947/48 will be found in Summation of Non-military Activities in Japan, No. 35, August 1948 and selected benefit statistics for that year in the forthcoming statistical supplement to the Summation.

With this background material available and a more comprehensive review of the Japanese social insurances in preparation, monthly benefit statistics will be published in this Bulletin beginning with the current issue. Complementary monthly data on coverage and finances are scheduled to appear soon in ESS Section, SCAP's Monthly Bulletin, "Japanese Economic Statistics."

Each issue of the Public Health and Welfare Weekly Bulletin will carry the latest available benefit data for one social insurance program. This issue is given over to the government-managed part of Health Insurance.

Health Insurance (Kenko hoken) has been in operation since 1 January 1927. Broadly speaking, it covers workers in establishments employing five or more of all major lines of industry and commerce. According to the latest available figure (July 1948) 5,179,235 persons were insured under this program. In addition, their dependents, estimated to number approximately

11,900,000 were protected to the extent of receiving medical and related benefits at half cost.

Roughly one half of the insured, as of July 1948 exactly 2,379,972, and their dependents belong to the government-managed part (Seifu Kansho) of the program. The management of this part is entirely in the hands of the government on both the national and local levels. It is financed from equal contributions by employers and employees, adding up to 3.6 percent of the first 8,000 yen of monthly wages, and reserves a small subsidy from the national government defraying a part of the administrative cost.

Benefits are granted under this program only for sickness and injury arising from other than occupational causes. They are given partly in kind and partly in cash. During the first four months of the current fiscal year (April through July 1948) benefits were granted as indicated in Inclosure No. 8.

SECTION X

MEMORANDA TO JAPANESE GOVERNMENT

Negative.

Crawford F. Sams

CRAWFORD F. SAMS
Brigadier General, Medical Corps
Chief

9 Inclosures:

1. Ministerial Instructions by the Various Bureaus of the Ministry of Welfare to Prefectural Governments for period 20 Sep - 2 October 1948.
2. Reorganization of Health Center System Affects Nutrition Service.
3. Health Centers and Tuberculosis Control.
4. Nutrition Surveys for August 1948.
5. Pharmaceutical & Supply Bureau (YAKU-HATSU No. 512).
6. Pharmaceutical & Supply Bureau (YAKU-HATSU No. 511).
7. Functioning of Family Care.
8. Benefits Granted under Government-managed Health Insurance (April through July 1948).
9. Report of cases and deaths from Communicable and Venereal Diseases in Japan, week ended 16 October 1948.

Inclosures missing

